PATENT APPLICATION FEE DETERMINATION RECORD  Effectiv October 1, 2001  Application of Docket Number  09/98/689													3/
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE CR SMALL ENTITY													
TOTAL CLAIMS			5					RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			Basi	FEE	370.00	OR	Basic Fee	740.00
TOTAL CHARGEABLE CLAIMS			≤ minus 20=		•			XS	9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		• .			X4	2=		OR	X84=	
MU	LTIPLE DEPEN	RESENT	SENT			+140=				OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TO	<b>TAL</b>		OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER THAN													
(Column 1) //-/5-0 4 (Column 2) (Column 3)							<b>L</b> ,	SM	ALL!	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL REE		RATE	ADDI- TIONAL FEE
OME	Total	. 9	Minus	•	20	. —		X\$	9=	$I_{-}I_{-}$	OR	X\$18=	
NEN	ind pendent	• /	Minus	444	3_	•	-	X	2=		OR	X84=	•
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+14	10=.		OR	+280=	
									OTAL	-	OR	TOTAL ADDIT, FEE	
		(Column 1)	8-19-6	Colu	ımn 2)	(Column 3	)	ADDIT	. FEE	<del></del>		ADUHI. PEE	
MT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA		R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	. 50	Minus	•6	20	-30		X	9=	150.00	OR	X\$18=	
MEN	Independent	• 2	Minus	••• (	3	-	4	X4	12-	/	OR	XB4=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM	<u>. LL</u>	L	+1	40=		OR	+280=	
									OTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		الاصا	umn(2)	(Column 3	3)		. FEE	. •	_	PERMIT GE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBF 12 MOUSLY D FOR	PRESENT EXTRA		R/	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			•		X	9=		OR	X\$18=	
	Independent	•	Minus	940				×	12=		OR	V04-	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							H		1	1		
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													
	The Highest Nur	nber Previously Pa	ud For ( lotal c	nicebe.	med a n	- infritist tife						PARTMENT C	E COMMERCE